

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

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CALIFORNIA
FORM 460

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A For Official Use Only

Statement covers period
from 10/01/2003
through 12/31/2003

Date of Election if applicable:

(Month, Day, Year)

03/02/2004

REGISTRAR OF VOTERS

By *Altra Sanchez* Deputy

1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee
☐ State Candidate Election Committee ☐ Primarily Formed
☐ Recall ☐ Controlled
☐ Sponsored
☐ General Purpose Committee
☐ Sponsored ☐ Primarily Formed Candidate
☐ Small Contributor Committee Officeholder Committee
☐ Political Party/Central Committee

2. Type of Statement:

- ☐ Pre-election Statement ☐ Quarterly Statement
☒ Semi-annual Statement ☐ Special Odd-Year Report
☐ Termination Statement ☐ Supplemental Pre-election
☐ Amendment (Explain below) Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1243639

COMMITTEE NAME

Bill Campbell for Supervisor

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL FAX/E-MAIL ADDRESS

() /

Treasurer(s)

NAME OF TREASURER

Barrett Garcia

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

1-5-04

DATE

Executed on

1/7/04

DATE

Executed on

DATE

Executed on

DATE

By

Barrett Garcia

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

Bill Campbell

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee
Campaign Statement
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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee **6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Campbell

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

County Supervisor, District, District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Campaign Disclosure Statement Summary Page

Statement covers period

from 10/01/2003

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I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 81,666.00	\$ 232,662.00
2. Loans Received Schedule B, Line 7	0.00	65,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 81,666.00	\$ 297,662.00
4. Non-monetary Contributions Schedule C, Line 3	0.00	3,074.62
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 81,666.00	\$ 300,736.62

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ 0

21. Expenditures Made \$ 0

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ 34,224.25	\$ 225,387.90
7. Loans Made Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 34,224.25	\$ 225,387.90
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	(200.00)	600.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	3,074.62
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 34,024.25	\$ 229,062.52

**Expenditure Limit Summary for State
Candidates****22. Cumulative Expenditure Made***
(If Subject to Voluntary Expenditure Limit)Date of Election
(mm/dd/yy)

Total to Date

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 45,771.69
13. Cash Receipts Column A, Line 3 above	81,666.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	34,224.25
16. ENDING CASH BALANCE Lines 12 + 13 + 14, then subtract Line 15	\$ 93,213.44

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 65,600.00

Schedule A
Monetary Contributions Received

SCHEDULE A

Statement covers period from <u>10/01/2003</u> through <u>12/31/2003</u>	CALIFORNIA FORM 460
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2003 12/05/2003	Adams Steel [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800.00 500.00	1,950.00	1,300.00 (P04)
12/05/2003	Advanced Earth Sciences, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	2,800.00	1,400.00 (P04)
10/10/2003	John & Sandra Alaux [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Berryman Health Inc.	400.00	650.00	400.00 (P04)
10/10/2003	Alexander & Hibbs AIA Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (P04)
12/23/2003	Jerome Amante [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Amante & Shaffer, LLP	250.00	250.00	250.00 (P04)

SUBTOTAL \$ 3,550.00

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 80,250.00
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 1,416.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 82,666.00**

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
 from 10/01/2003
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER
1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/23/2003	Amante & Shaffer [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	350.00	250.00 (P04)
11/07/2003	Associated General Contractors Political Action Committee of CA. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 890194	1,400.00	1,400.00	1,400.00 (P04)
10/10/2003	Association of Orange County Deputy Sheriffs [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 782021	1,400.00	2,800.00	1,400.00 (P04)
11/13/2003	Z. Harry Astor [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Z. Harry Astor, Attorney at Law	100.00	100.00	100.00 (P04)
12/23/2003	B.I.A. of Southern California Political Action Committee [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 741733	1,400.00	2,800.00	1,400.00 (P04)
12/30/2003	Anthony Babiak [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive V & M Plating Co.	100.00	100.00	100.00 (P04)
SUBTOTAL \$				4,650.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
from 10/01/2003
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER
1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2003	James Baldwin [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder/Chairman Village Development	1,400.00	2,400.00	1,400.00 (P04)
11/13/2003	Fred Barrera [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P04)
12/17/2003	Betty & Terrance Barry [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Secretary The Barry Co.	600.00	1,800.00	1,400.00 (P04)
11/17/2003	Paul Belden [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer WLA Investments	250.00	500.00	250.00 (P04)
11/26/2003	Bob Bell [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker Bob Bell Real Estate	1,400.00	1,400.00	1,400.00 (P04)
10/10/2003	Annalee Benton [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	100.00	100.00 (P04)

SUBTOTAL \$ 3,850.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2003	Judith Boyer [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	400.00	400.00	400.00 (P04)
10/10/2003	Molly Brenner [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	150.00	150.00	150.00 (P04)
10/15/2003	Broadview Mortgage Corporation [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	200.00	100.00 (P04)
12/17/2003	Roberto Brutocao [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Sun Coast	1,400.00	2,800.00	1,400.00 (P04)
12/05/2003	Bryan A. Stirrat & Associates [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,800.00	1,400.00 (P04)
11/07/2003	California Real Estate Political Action Committee/BORPAC [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 890106	400.00	400.00	400.00 (P04)

SUBTOTAL \$ 3,850.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2003	CALTROP [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	700.00	200.00 (P04)
11/07/2003	CAP- Trust Legislative Committee [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 760951	1,400.00	1,400.00	1,400.00 (P04)
12/05/2003	Carter & Burgess, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,800.00	1,400.00 (P04)
10/24/2003	CH2MHILL, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (P04)
11/13/2003	James Chronley [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	350.00	150.00 (P04)
10/10/2003	CJ Segerstrom & Sons [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	2,800.00	1,400.00 (P04)

SUBTOTAL \$ 4,650.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>10/01/2003</u> through <u>12/31/2003</u>	CALIFORNIA FORM 460
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2003	Coca-Cola Enterprises, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,400.00	1,400.00 (P04)
10/10/2003	Elizabeth Collins [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	100.00	100.00 (P04)
12/05/2003	Committee for Improved Public Policy [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 860849	1,400.00	1,800.00	1,400.00 (P04)
10/10/2003	Elaine Connell [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	400.00	400.00	400.00 (P04)
11/13/2003	Joseph Conway [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stockbroker Diversified Securities Inc.	100.00	100.00	100.00 (P04)
11/13/2003	Joanne Coontz [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilwoman City of Orange	100.00	100.00	100.00 (P04)
SUBTOTAL \$				3,500.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/2003	William Crosby [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Barnes, Crosby, Fitzgerald	700.00	700.00	700.00 (P04)
11/26/2003	James Curran [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Data Management	1,400.00	1,600.00	1,400.00 (P04)
10/03/2003	Tad Danz [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Newport Diversified, Inc.	500.00	500.00	500.00 (P04)
11/13/2003	Thomas Davidson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Electrical Contractor Thomas Davidson	100.00	100.00	100.00 (P04)
10/10/2003	Lynn Robert Davis [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Reading Success LLC	800.00	800.00	800.00 (P04)
11/13/2003	James De Haan [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Holden Industries	250.00	350.00	250.00 (P04)
SUBTOTAL \$				3,750.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 10/01/2003

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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2003	Development Planning Solutions [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	750.00	500.00 (P04)
11/07/2003	Disney Worldwide Services Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P04)
10/15/2003	Ecology Control Industries Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (P04)
10/15/2003	Edco Disposal Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (P04)
10/10/2003	ERA North Orange County Real Estate [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	400.00 (P04)
11/13/2003	Mary Lynn Fader [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	100.00	100.00 (P04)

SUBTOTAL \$ 2,700.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

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I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2003	Fieldstead & Company [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,400.00	1,400.00 (P04)
10/15/2003	Fluidmaster Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,400.00	1,400.00 (P04)
12/17/2003	John Ford [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Insight Investment Corp.	250.00	1,100.00	250.00 (P04)
11/17/2003	Juan Forster [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Valero Ref. Co.	50.00	250.00	150.00 (P04)
10/15/2003	Anton Garnier [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Southwest Water Co.	100.00	100.00	100.00 (P04)
12/05/2003	Geologic Associates, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,400.00	1,400.00 (P04)

SUBTOTAL \$ 4,600.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 10/01/2003

through 12/31/2003

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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2003	Richard Gereau [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ins. Sales Self-employed	100.00	100.00	100.00 (P04)
12/12/2003	Robert Greene [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Opal Concepts	100.00	100.00	100.00 (P04)
10/10/2003	Frank Greinke [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	800.00	800.00	800.00 (P04)
10/10/2003	Group Delta Consultants Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	650.00	400.00 (P04)
11/17/2003	John Hanna [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney HBR	100.00	100.00	100.00 (P04)
10/10/2003	Hardy & Harper Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,400.00	1,400.00 (P04)
SUBTOTAL \$				2,900.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>10/01/2003</u> through <u>12/31/2003</u>	CALIFORNIA FORM 460 Page <u>14</u> of <u>33</u>
I.D. NUMBER <u>1243639</u>	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2003	Harris & Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800.00	1,200.00	800.00 (P04)
10/24/2003	Steven Hauck [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Steven Hauck & Associates	500.00	500.00	500.00 (P04)
10/10/2003	Patricia Huber [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P04)
11/26/2003	Richard Hunsaker [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer Hunsaker & Associates	1,400.00	1,400.00	1,400.00 (P04)
10/10/2003	Jeffrey Jensen [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Jensen Consulting	200.00	200.00	200.00 (P04)
11/26/2003	VerLyn Jensen [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Jensen & Coeur-Barron, LLP	1,400.00	1,400.00	1,400.00 (P04)
SUBTOTAL \$				4,400.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

ID. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2003	Bruce Junor [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	200.00 (P04)
12/17/2003	Heather Karsten [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Interior Designer Karsten Co.	300.00	1,000.00	300.00 (P04)
10/15/2003	Katellaris Farm Nursery Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800.00	2,200.00	800.00 (P04)
10/10/2003	KB Home [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,900.00	1,400.00 (P04)
10/10/2003	Keena Communications [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	1,200.00	200.00 (P04)
11/22/2003	Charice King [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Centaurus Financial	200.00	200.00	200.00 (P04)
SUBTOTAL \$				3,100.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
 from 10/01/2003
 through 12/31/2003

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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

ID NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2003	Dorothy Kleinbauer [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1,000.00	1,000.00	1,000.00 (P04)
10/10/2003	John Ledesma [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember City of Mission Viejo	200.00	200.00	200.00 (P04)
12/05/2003	Mary Aileen Matheis [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Mary Aileen Matheis Attorney at Law	100.00	250.00	100.00 (P04)
10/10/2003	Maximus [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,800.00	1,400.00 (P04)
11/17/2003	John McNally [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance State Farm	100.00	100.00	100.00 (P04)
10/10/2003	Frank Michelena [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Frank Michelena	1,000.00	1,400.00	1,000.00 (P04)

SUBTOTAL \$ 3,800.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period	CALIFORNIA FORM 460
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I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/2003	Gary Miecke [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Surachi	100.00	100.00	100.00 (P04)
10/10/2003 11/26/2003	Ron Moran [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Moran's Ground Beef	200.00 250.00	450.00	450.00 (P04)
10/10/2003	Mullen & Associates Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (P04)
10/15/2003 12/17/2003	A. Patrick Munoz [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Rutan & Tucker	100.00 700.00	800.00	800.00 (P04)
11/13/2003	Irving Nathanson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance T.D. Service Financial	250.00	450.00	250.00 (P04)
10/10/2003	Joe Ney [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Unified Western Grocers	200.00	200.00	200.00 (P04)

SUBTOTAL \$ 2,000.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

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1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2003	Nuevo Energy Company [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P04)
10/10/2003	Odle & Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	200.00	100.00 (P04)
10/10/2003	Orange County Employees Association Incorporated Political Action Committee [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 801447	800.00	1,200.00	800.00 (P04)
10/10/2003	Organic Waste Technologies, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P04)
10/10/2003	Pacific Life [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P04)
10/10/2003	Manuel Padilla [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	350.00 Includes Non-Monetary Contribution(s)	200.00 (P04)
SUBTOTAL \$				2,100.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

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1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2003	Dewitt or Carolyn Paul [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Cotton Buds Inc.	100.00	400.00	100.00 (P04)
10/10/2003	Philip L. Anthony Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	1,100.00	200.00 (P04)
11/13/2003	Miguel Prietto [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Miguel Prietto, MD	500.00	500.00	500.00 (P04)
11/17/2003	Robert Quaid [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Muni Financial	100.00	100.00	100.00 (P04)
10/10/2003	Rainbow Disposal Co. Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800.00	1,200.00	800.00 (P04)
11/13/2003	Phillip Ramos [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Man Philatron	1,400.00	1,800.00	1,400.00 (P04)
SUBTOTAL \$				3,100.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>10/01/2003</u> through <u>12/31/2003</u>	CALIFORNIA FORM 460 Page <u>20</u> of <u>33</u>
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER
1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/2003	Rick Goacher Planning Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,400.00	1,400.00 (P04)
11/13/2003	Jan Romanoff [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	200.00 (P04)
12/05/2003	Larry Rose [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	100.00 (P04)
10/10/2003	Rutter Development Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,800.00	1,400.00 (P04)
12/17/2003	Sapetto Government Solutions Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	2,000.00	1,400.00 (P04)
10/10/2003	SBC California Employee Political Action Committee	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 981470	1,000.00	1,400.00	1,400.00 (P04)

SUBTOTAL \$ 5,500.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

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 from 10/01/2003
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1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/05/2003	Dessa Schroeder [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker California Prof. Ins. Services	100.00	100.00	100.00 (P04)
10/10/2003	Sempra Energy [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800.00	1,000.00	800.00 (P04)
10/24/2003	Shea Homes [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800.00	1,200.00	800.00 (P04)
10/10/2003	Sheldon Public Relations [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600.00	600.00	600.00 (P04)
10/10/2003	Signal Landmark [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	400.00 (P04)
10/03/2003 12/23/2003	Southern California Edison [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00 1,150.00	1,400.00	1,400.00 (P04)
SUBTOTAL \$				4,100.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

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1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2003	Thomas Spence [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Carter Burgess	50.00	150.00	50.00 (P04)
11/07/2003	Standard Pacific of Orange County [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P04)
10/10/2003	William Steiner [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Projects Director Childhelp USA	200.00	450.00	200.00 (P04)
10/24/2003	Barbara Strottman [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1,400.00	1,400.00	1,400.00 (P04)
10/10/2003	Sukut Construction Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	900.00	500.00 (P04)
11/26/2003	Taco Bell [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,400.00	1,400.00 (P04)

SUBTOTAL \$ 4,350.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

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1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2003	Kenneth Tait [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Tait & Associates Inc.	1,400.00	1,400.00	1,400.00 (P04)
10/10/2003	Taormina Industries [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	400.00 (P04)
11/26/2003	Tarlos & Associates Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	300.00 (P04)
10/24/2003	Tenet [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	600.00	400.00 (P04)
12/05/2003	Daniel Terheggen [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Consolidated Smart Systems	500.00	1,300.00	1,300.00 (P04)
11/26/2003	The Irvine Company [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800.00	2,400.00	1,000.00 (P04)
SUBTOTAL \$				3,800.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
 from 10/01/2003
 through 12/31/2003

CALIFORNIA
FORM 460

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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2003	The Planning Consortium [REDACTED] Source: Lea Petersen	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800.00	800.00 Includes Non-Monetary Contribution(s)	800.00 (P04)
10/10/2003	Allison Thomas [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Relations Keena Communications	200.00	200.00	200.00 (P04)
10/15/2003	Three Star Nursery Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	1,000.00	250.00 (P04)
10/10/2003	University Restaurant Group Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800.00	800.00	800.00 (P04)
10/10/2003	URS [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (P04)
12/05/2003	Vendor Surveillance Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,850.00	1,400.00 (P04)

SUBTOTAL \$ 3,650.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 10/01/2003

through 12/31/2003

CALIFORNIA
FORM **460**

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I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2003	Richard Wagner [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Development Planning Research Int'l.	800.00	800.00	800.00 (P04)
12/05/2003	Ware Disposal Co. Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,800.00	1,400.00 (P04)
12/30/2003	Waters & Faubel [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	1,650.00	250.00 (P04)
10/10/2003	Charles West [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Real Estate County of Los Angeles	200.00	200.00	200.00 (P04)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				2,650.00		

Schedule B - Part I
Loans Received

SCHEDULE B - Part I

Statement covers period from <u>10/01/2003</u> through <u>12/31/2003</u>	CALIFORNIA FORM 460
Page <u>26</u> of <u>33</u>	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Bill Campbell [REDACTED] [REDACTED]	Supervisor Orange County	\$ <u>10,000</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>10,000</u> <u>12/31/2004</u> DATE DUE	% <u>0.000</u> RATE \$ <u>0</u>	\$ <u>10,000</u> <u>03/15/2002</u> DATE INCURRED	CALENDAR YEAR \$ <u>55,000</u> PER ELECTION \$ <u>30,000</u> P04
Bill Campbell (Continued)		\$ <u>35,000</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>35,000</u> / / DATE DUE	% <u>0.000</u> RATE \$ <u>0</u>	\$ <u>35,000</u> <u>02/27/2003</u> DATE INCURRED	CALENDAR YEAR \$ <u>55,000</u> PER ELECTION \$ <u>30,000</u> P04
Bill Campbell (Continued) (Continued)		\$ <u>20,000</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>20,000</u> <u>12/31/2004</u> DATE DUE	% <u>0.000</u> RATE \$ <u>0</u>	\$ <u>20,000</u> <u>06/26/2003</u> DATE INCURRED	CALENDAR YEAR \$ <u>55,000</u> PER ELECTION \$ <u>30,000</u> P04
SUBTOTAL		\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>65,000.00</u>	\$ <u>0.00</u>		

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus itemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET** \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2

**Schedule E
Payments Made**

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from 10/01/2003	through 12/31/2003	
Page 27 of 33		I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers salaries
CVC	civic donations	PET	petition circulating	TEL	tv or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express [REDACTED]	POS OFC	588.10 10.67		925.41
American Express (Cont.)	TRC MTG	280.31 46.33	Trip to Sonoma for Rally	
Cingular Wireless [REDACTED]	OFC			418.63

SUBTOTAL \$ 1,344.04

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 33,993.99
2. Unitemized payments made this period of under \$100.	\$ 230.26
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 34,224.25

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period from <u>10/01/2003</u> through <u>12/31/2003</u>	CALIFORNIA FORM 460 Page <u>28</u> of <u>33</u>
NAME OF FILER <u>Bill Campbell, Bill Campbell for Supervisor</u>	
I.D. NUMBER <u>1243639</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
	CODE	OR		
Diane Stone & Associates [REDACTED] [REDACTED]	FND	15,890.64		17,967.06
	POS	158.55		
		0.00		
	CVC	611.95		
	CNS	870.32		
	LIT	435.60		
E.J.B. Inc. [REDACTED] [REDACTED]	OFC			306.00
Barrett Garcia [REDACTED] [REDACTED]	PRO			1,087.50
Christine Joens [REDACTED] [REDACTED]	POS	53.77		149.04
	OFC	95.27		

SUBTOTAL \$ 19,509.60

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2003	
through	12/31/2003	Page 29 of 33
NAME OF FILER Bill Campbell, Bill Campbell for Supervisor		I.D. NUMBER 1243639

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Karl Nagole [REDACTED] [REDACTED]	FND		650.00
Orange County Federation of Republican Women [REDACTED] [REDACTED]	PRT		250.00
Orange County Rescue Mission [REDACTED] [REDACTED]	CVC		500.00
Orange Republican Women, Federated [REDACTED] [REDACTED]	PRT		100.00

SUBTOTAL \$ 1,500.00

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period from <u>10/01/2003</u> through <u>12/31/2003</u>	CALIFORNIA FORM 460 Page <u>30</u> of <u>33</u>
NAME OF FILER <u>Bill Campbell, Bill Campbell for Supervisor</u>	
I.D. NUMBER <u>1243639</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSE transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR	DESCRIPTION OF PAYMENT
Registrar of Voters - Department of Elections County of Orange [REDACTED]	FIL		8,110.96
SBC Pacific Bell [REDACTED]	OFC		151.48
The Monaco Group [REDACTED]	LIT		3,101.53
Villa Park Florist [REDACTED]	CMP		276.38

SUBTOTAL \$ 11,640.35

Schedule F

Accrued Expenses (Unpaid Bills)

Statement covers period from <u>10/01/2003</u> through <u>12/31/2003</u>	CALIFORNIA FORM 460 Page <u>31</u> of <u>33</u>
NAME OF FILER <u>Bill Campbell, Bill Campbell for Supervisor</u>	
I.D. NUMBER <u>1243639</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Barrett Garcia [REDACTED] [REDACTED]	PRO	200.00	437.50	637.50	0.00
Lea Petersen [REDACTED] [REDACTED]	FND	600.00	0.00	0.00	600.00
SUBTOTALS \$		800.00 \$	437.50 \$	637.50 \$	600.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTAL** \$ 437.50
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTAL** \$ 637.50
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** \$ (200.00)

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)

SCHEDULE G

Statement covers period

from 10/01/2003

through 12/31/2003

CALIFORNIA
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I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FNO fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings

MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads

RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging and meals (explain)
 TRS staff/spouse travel, lodging and meals (explain)
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster ████████████████████ ████████████████████	POS			588.10

SUBTOTAL \$ 588.10

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of an Officeholder or
Candidate)

SCHEDULE G

Statement covers period from 10/01/2003 through 12/31/2003	CALIFORNIA FORM 460
Page 33 of 33	I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

Diane Stone & Associates

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster [REDACTED] [REDACTED]	POS			138.30
The Hobbit [REDACTED] [REDACTED]	FND			9,285.23
The Promotional Group [REDACTED] [REDACTED]	LIT			435.60
Entertainment Concepts [REDACTED] [REDACTED]	FND			350.00

SUBTOTAL \$ 10,209.13